Carnegie Mellon University Information Networking Institute

Development-Based Project Proposal

Project Title:	
Student Name:	
Project Faculty Advisor:	Department
Signature:	Date
Project Co-Advisor: (if applicable)	Department
Signature:	Date
Project Reader:	Department
Signature:	Date
Co-Reader: (if applicable)	Department
Signature:	Date
Academic Advisor:	
Signature:	Date